

1001 I Street P.O. Box 2815 Sacramento, CA 95812 www.arb.ca.gov

SMOKING VEHICLE RESPONSE FORM

Owner/0	Company Name:	
License	e Plate Number:	State:
1. Are	you the registered owner of this vehicle?	? [] Yes [] No
2. If yo	ou answered "No", check the appropriate	box:
[] In	correct license plate number? [] Solo	d vehicle? Date sold:/
3. Part	s Repaired/Replaced? [] Yes [] No	Engine Adjustment? [] Yes [] No
4. Date	e Vehicle Repaired://	
Cost	t of Repair: Parts \$	Labor \$
Please	attach all receipts for parts purchase	d and repairs performed on vehicle!!
5. Repa	airs Made By: [] Owner [] Mecha	anic/Shop [] No Repairs Made
6. Che	ck the appropriate box:	
[]	My engine has been repaired and does	not emit excessive smoke.
[]	My engine is not repaired for the following	ng reason:
Signati	Iro	Date

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Website: http://www.arb.ca.gov.

California Environmental Protection Agency